



IFW

PATENT
Attorney Docket No. 88522.0002
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroshi NAKAZATO

Serial No.: 10/801,492

Filed: March 16, 2004

For: Image Forming Apparatus and a Storage Controlling
Method for Information on an Improper Detachment of
Developer Cartridge to be Written in a Cartridge
Storage Means

Art Unit: 2852

Examiner: Chen, Sophia S.

Confirmation No: 1211

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
November 30, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis 11/30/2005
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | | ADD'L FEE DUE |
|---|---|-----|---|-------------------------------|--|-------|------------------|
| TOTAL CLAIMS FEE | 50 | -20 | 50** | 0 | LG=\$50 SM=\$25 | \$50 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 6 | -3 | 6*** | 0 | LG=\$200 SM=\$100 | \$200 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | | \$ 0 |
| TOTAL | | | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ to cover the additional claims fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of \$___ to cover the extension fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: November 30, 2005

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By:

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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated November 10, 2005, setting forth restriction requirements. In response to the restriction of species requirement, applicant elects species 1 (Figs. 7 and 8), without traverse. Claims 1-22 are readable on the elected species.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: November 30, 2005

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